

**STATE OF LOUISIANA
OFFICE OF CONSERVATION**

**APPLICATION FOR WELL STATUS DETERMINATION
(INACTIVE WELL)**

SERIAL NO. _____
FIELD _____
OPERATOR _____
WELL NAME & NO. _____
APPLICATION DATE _____

AFFIDAVIT

STATE OF _____
PARISH (COUNTY) OF _____

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the State and Parish (County) aforesaid, personally came and appeared _____, who, being by me first duly sworn, deposed and said:

That he / she is the (Title) _____ of
(Applicant) _____, applicant for Serial No. _____, and in that capacity he/she is requesting the Commissioner of Conservation of the State of Louisiana to determine the status of said well pursuant to Act 74 of the 2002 Regular Session. (R.S. 47:633 et seq)

(PLEASE CHECK THE ITEM THAT APPLIES)

- ☐ That the well did not produce in a two year period preceding the date of this application.
- ☐ That the well has produced no more than thirty (30) days in any two year period ending _____.
(Must be between July 1, 2002 and June 30, 2006.
Attach a list of the day(s) the well produced during this period)

That on the basis of the documents submitted in this application, he/she has concluded that to the best of his/her information, knowledge and belief, the well in question qualifies as an Inactive Well and that he/she has no knowledge of any other information which is inconsistent with his/her conclusion.

Signed: _____

Subscribed in my presence and duly sworn to before me, this _____ day of _____

Notary Public

My commission expires: _____

OFFICE OF CONSERVATION USE ONLY			
<input type="checkbox"/>	Approved	Signed	_____
<input type="checkbox"/>	Denied	Date	_____